

VISION CARE BENEFITS

Proper vision care is an essential part of good health. Routine eye exams can help determine the need for prescription glasses, but can also help detect symptoms of serious conditions such as glaucoma, cataracts and diabetes.

When you use the services of providers who participate in the EyeMed Vision Care network, you generally pay a small copay and the plan pays the rest. Here's how it works:

- Choose an EyeMed Vision Care participating provider at link.ne.gov and connect to Wellness and Benefits Resources, then:
 - Click on "Active Employees" then
 - Click on "Vision Plan" then
 - Click on "Find a Provider" or call **1-877-861-3459**
- Make an appointment and tell the provider you are an EyeMed Vision Care member

- Two personalized ID cards will be issued with the subscriber's name for the new enrollees only; eligible dependents can use one of the cards for identification purposes. You will need to verify with your provider that they accept your plan when scheduling an appointment. Included with your ID cards will be a listing of the EyeMed Vision Care providers near you. Present your ID card at the time of service
- Choose from thousands of convenient locations including private practitioners and leading optical retailers, such as LensCrafters, Pearle Vision, Sears Optical, Target Optical and JC Penney Optical

You have a choice of two affordable eye care plans — the Basic Option and the Premium Option. Here's how they compare:

VISION PLAN BENEFITS		
Coverage	Basic Option	Premium Option
EXAM covered in full (after \$10 copay)	every 12 months	every 12 months
PRESCRIPTION GLASSES		
LENSES covered in full (after \$10 copay) — Includes single vision, lined bifocal, lined trifocal lenses, and polycarbonate lenses for dependent children	every 24 months	every 12 months
OR		
CONTACT LENS allowance applied toward the cost of contacts.	\$105 every 24 months	\$130 every 12 months
FRAMES — Includes a frame of your choice	every 24 months \$105 allowance, 20% off balance over \$105	every 12 months \$120 allowance, 20% off balance over \$120

	Employee Only (Single Coverage)	Employee + Spouse (Two Party Coverage)	Employee + Dependent Children (Four Party Coverage)	Employee + Spouse + Dependent Children (Family Coverage)
Basic Option	\$5.16	\$8.28	\$8.44	\$13.58
Premium Option	\$7.98	\$12.78	\$13.04	\$21.00

LEGAL DISCLAIMER: Member will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location. Allowances are one-time use benefits; no remaining balance. Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. The plan design is offered with the EyeMed Access panel of providers. Limitations and exclusions apply. Insured plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri except in New York. Fidelity Security Life Policy Number VC-19/VC-20 form number M-9083.